## Case 24-14630-pmm Doc 19 Filed 05/13/25 Entered 05/13/25 14:00:48 Desc Main Document Page 1 of 3

Fill	in this information to identify your c	ase:						
De	btor 1 Mustapha Al	odulai Sheriff						
	btor 2 puse, if filing)				_			
Un	ited States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA					
Ca	se number 4:24-bk-14630 nown)					Check if this is:	ed filing	
_		5				13 income	ent showing postpetit as of the following da	ion chapter ite:
	fficial Form 106I					MM / DD/ Y	YYY	
	chedule I: Your Income as complete and accurate as possiblying correct information. If you							12/15
	use. If you are separated and you ch a separate sheet to this form.  Describe Employment  Fill in your employment information.	On the top of any additi	onal pages, write you	info	rmatione and	case number (if	known). Answer ev	ery question.
	If you have more than one job,	Employment status*				Deptor 2	or non-filing spou	se
	attach a separate page with information about additional	Employment status				⊠ Emple		
	employers.	0	☐ Not employed			☐ Not e	mployed	
	Include part-time, seasonal, or self-employed work.	Occupation	Forklift operator			Healthc	are	
	Occupation may include student	Employer's name	Americold Logestic	s		Crothall	Healthcare, Inc.	
	or homemaker, if it applies.	Employer's address	651 Mill Rd			1500 Lil	berty Ridge Dr Ste	210
			Allentown, PA 181	06		Wayne,	PA 19087	
		How long employed tl						
			*See Attac	hmer	t for A	Additional Emplo	yment Information	
Par	t 2: Give Details About Mor	nthly Income				Weeks and the second se		
E <b>sti</b> unle	mate monthly income as of the da ss you are separated.	te you file this form. If yo	ou have nothing to repo	t for a	iny line	e, write \$0 in the sp	pace. Include your no	n-filing spouse
f yo nore	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information f	or all	emplo	yers for that perso	on on the lines below.	If you need
						For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, or	ry, and commissions (be calculate what the monthl	efore all payroll y wage would be.	2.	\$_	5,296.36	\$3,094.2	5
3.	Estimate and list monthly overti	ime pay.		3.	+\$_	0.00	+\$0.0	0
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	5,296.36		7
				₩.	Δ-	0,200.00	\$3,094.25	

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Debt	or 1	Mustapha Abdulai Sheriff	_	Cas	e number (if known)	4:24-b	k-14630
				Fo	r Debtor 1		ebtor 2 or ling spouse
	Cop	by line 4 here	4.	\$_	5,296.36	\$	3,094.25
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	879.61	\$	667.27
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$-	317.40	\$	154.11
	5d.	Required repayments of retirement fund loans	5d.	\$	626.11	\$	0.00
	5e.	Insurance	5e.	\$-	508.51	\$	8.10
	5f.	Domestic support obligations	5f.	\$-	0.00	\$	0.00
	5g.	Union dues	5g.	\$-	37.37	\$	44.42
	5h.	Other deductions. Specify:	5h.+	-		+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ \$	2,369.00	` \$ \$	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.		· -			873.90
8.			7.	\$_	2,927.36	\$	2,220.35
ο.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	¢	0.00	6	0.00
	8b.	Interest and dividends	8b.	\$ - \$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	nt 8c.	Ψ_ \$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	ψ-	0.00	\$	0.00
	8e.	Social Security	8e.	Ψ_	0.00	\$——	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		Ψ_	0.00		
	8g.	Pension or retirement income	8g.	φ-	0.00	\$	0.00
	8h.	Other monthly income. Specify: Income Tax Refund	8h.+	· \$		+ \$	0.00
				Ψ_	200.00	·	0.00
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	208.33	\$	0.00
10.	<b>Cal</b> d	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,135.69 + \$_	2,22	0.35 = \$5,356.04
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00						
12	۸ - ۱ - ۱	I the emount in the last actual of the second of the secon					,
12.	Writ	I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certilies	esult is th tain Liab	ne co ilities	mbined monthly ir and Related <i>Data</i>	come.	12. \$5,356.04
13.	Do	you expect an increase or decrease within the year after you file this for	m2				Combined monthly income
	⊠ □	No. Yes. Explain:					

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Debtor 1 Mustapha Abdulai Sheriff Case number (if known) 4:24-bk-1	4630
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## Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	WalMart Associates, Inc.	
How long employed		
Address of Employer	702 S.W. 8th Street	
	Bentonville, AR 72716	

Official Form 106I